

APPENDIX C:

Assessment Memo

Housing Assistance and Supportive Services in Memphis

Final Assessment Memorandum

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Prepared for:

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INTRODUCTION

The U.S. Department of Health and Human Services has contracted with The Urban Institute and its subcontractor The University of Memphis to foster effective delivery of services to current and former recipients of housing assistance in Memphis. This memo, Task 2.2 of the project contract, summarizes the project's assessment of current efforts in Memphis to coordinate with health and human services for families receiving housing assistance and indication of need based on spatial distribution of households receiving housing assistance. This memo summarizes the project team's activities during the assessment phase, and includes findings from stakeholder interviews and administrative data. The memo concludes with a plan for the technical assistance phase of the project that will take place through January 2013.

ASSESSMENT METHODOLOGY

In order to assess the state of need and service provision in Memphis, the research team used a combination of qualitative and quantitative data collection techniques. On February 26 and 27, 2012, the research team (Dr. Susan Popkin, Lesley Freiman and Amanda Mireles from the Urban Institute and Dr. Laura Harris from the University of Memphis) conducted a series of semi-structured interviews in Memphis with a variety of stakeholders. These stakeholders included local government officials at the city and county level, the contracting agency implementing HOPE VI in Memphis, non-profit leaders, local service funders, and local researchers, as well the head of the U.S. Department of Housing and Urban Development (HUD) field office and members of the Memphis Strong Cities, Strong Communities (SC2) team. Prior to this visit, Dr. Harris had conducted a series of informal interviews and conversations with local stakeholders. (See Attachment C for a complete list of interview respondents).

The interviews covered a range of topics, including details of the policy, planning, and service provision landscape in Memphis, new and longstanding challenges in serving high-needs populations, coordination between service providers and other stakeholders, and current and upcoming programs and initiatives. In each interview, the research team also discussed possibilities for the technical assistance that the team will provide for local stakeholders.

The research team also obtained household- and client-level administrative data on public housing residents relocated as a result of the Memphis Housing Authority's (MHA) HOPE VI initiatives. We received data from two sources: Urban Strategies, which administers the Memphis HOPE program that provides case management and supportive services to HOPE VI relocatees, and the HUD field office in Memphis. The data from Urban Strategies pertain to households receiving services from Memphis HOPE who were relocated from Cleaborn Homes in 2010, Dixie Homes (2008), and Lamar Terrace (2003), including current (or last

known relocation) and former locations, housing assistance use, service referral history, and demographics. The data provided on former Lamar Terrace and Cleaborn Homes residents were extracted from the case management data system in April 2012, and the data provided on former residents of Dixie Homes were extracted in October 2011. However active case management for Lamar Terrace and Dixie Homes relocatees ended in 2008 and 2011, respectively, so many of these records have not been updated in a number of years. For these cases, we used the last available information Memphis HOPE could provide on location, demographics, services, and income for each household or resident. The HUD field office provided an extract from the Public Housing Information Center (PIC) database, which includes information on all households currently receiving housing assistance through MHA housing voucher programs. The data extract includes all Memphis households either receiving a voucher for the first time or undergoing annual recertification between March 2011 and February 2012 and provides information on location, household size, and demographics of head of household. We used these two data sources to both analyze the current and former locations and concentrations (or dispersion) of housing assistance users in Memphis, as well to compile information about likely service needs based on referral records and demographics.

MEMPHIS CONTEXT AND LOCATION OF HOUSEHOLDS RECEIVING HOUSING ASSISTANCE

The geographic distribution of HUD-assisted households in Memphis has changed dramatically over the last 15 years. Since the 1990s, Memphis has redeveloped five properties with HOPE VI grants; the city now has only one remaining traditional family public housing development (Foote Homes). Like other large city housing authorities, MHA now relies heavily on vouchers, and assisted households are now dispersed throughout the city. However, most MHA HCV recipients, while they are more dispersed, still live in very poor and predominantly African-American neighborhoods.

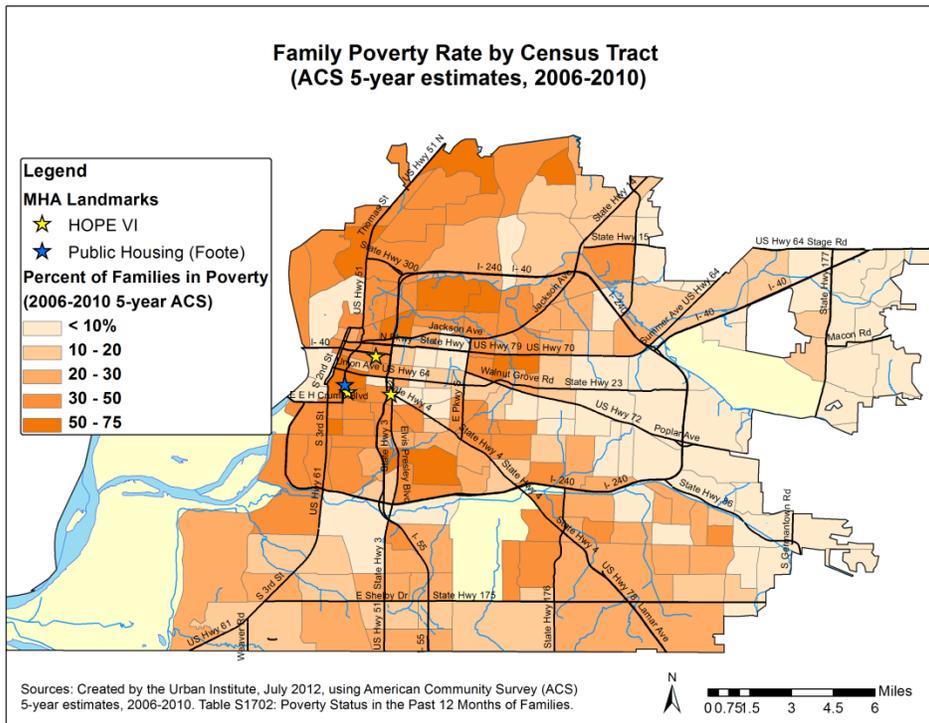
By population, Memphis is considered a large city, with 646,889 residents as of the 2010 census. However, it has an unusually large geographical footprint (315 square miles) and a relatively low population density for a city of its size (2,053.3 persons per square mile).¹ One mayor's office official noted that the city has become more geographically dispersed in recent decades by incorporating surrounding areas, though the total population has changed little since the 1960s. Memphis' increased size presents a challenge because of the overall high poverty level and extremely limited public transportation system—without prompting, all key stakeholders raised public transportation as a key challenge.

Unemployment in Memphis is very high; the 2010 American Community Survey (ACS) showed unemployment among those over 16 years old and in the labor force was at 14.9 percent in Memphis, compared to 11.3 percent in Tennessee, and 9.7 nationally. Memphis

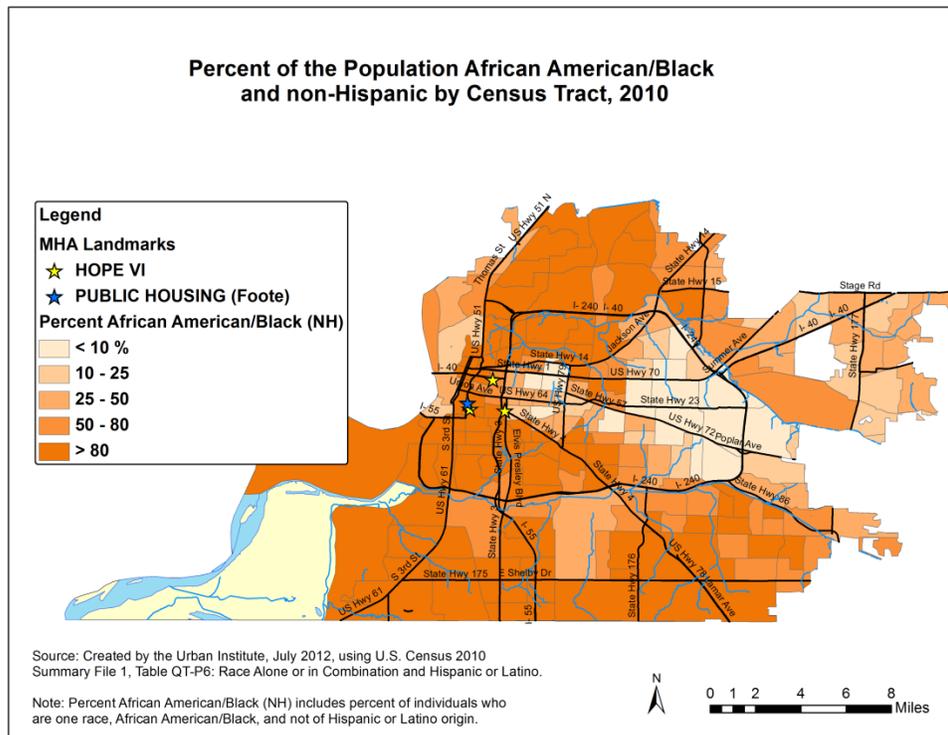
¹ U.S. Census Bureau, 2010 Census.

also has a very high poverty rate; approximately 21.9 percent of families living or having recently lived below the poverty level in 2010, compared to 13.4 state-wide and 11.3 percent nation-wide. Child poverty is particularly high in Memphis with a stunning 39.9 percent of all Memphis children living in households in poverty, compared to 25.7 percent statewide and 21.6 percent nationwide. Maps 1 and 2 (below) respectively illustrate the geographic dispersion of poverty level and the percent of resident who are African American/Black (non-Hispanic) by Census tract.

Map 1. Family Poverty Level by Census Tract (2006-2010 ACS Estimates)



Map 2. Percent of the Population who are African American/Black (non-Hispanic), by Census Tract

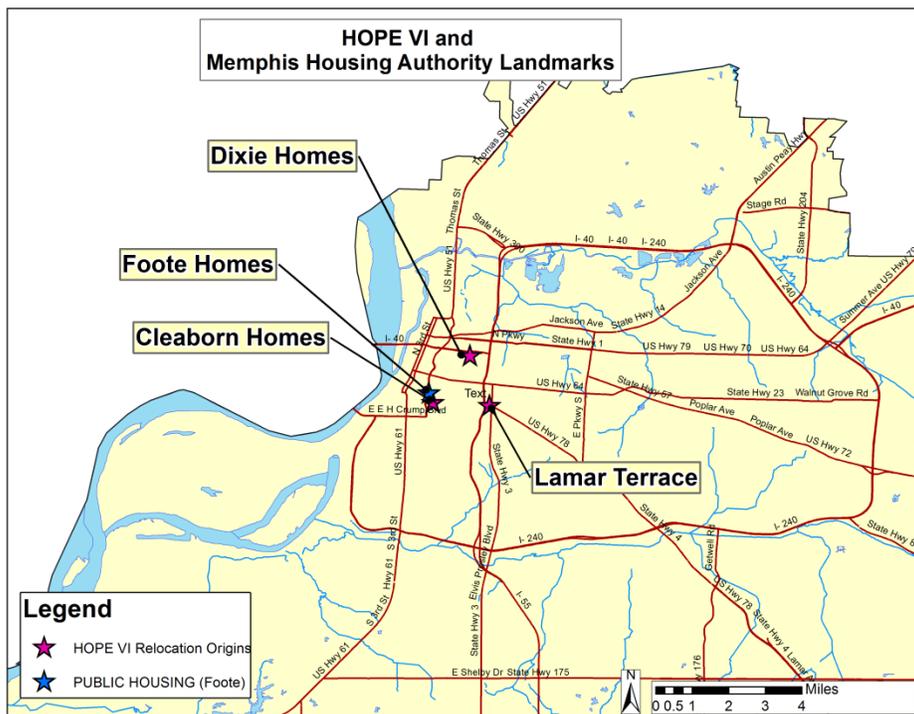


Location of HUD-Assisted Households

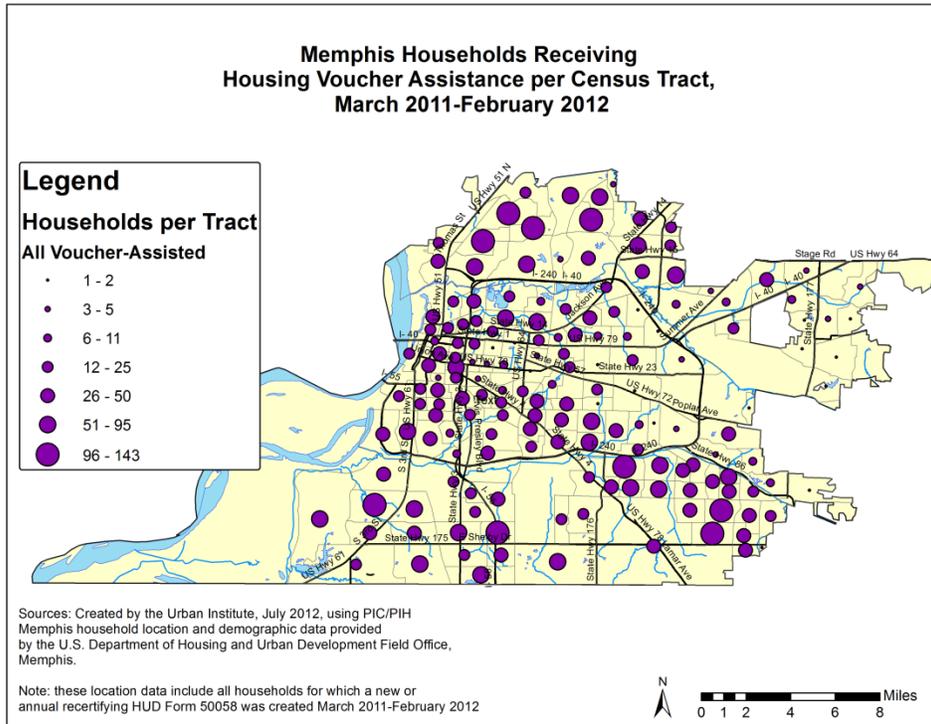
MHA’s traditional public housing developments were located centrally, near downtown; interview respondents reported that most former residents have relocated primarily to the large communities of Hickory Hill (Southeast), Frayser (North), and Raleigh (Northeast), all of which are miles from the city center.

Our spatial analysis confirms this assessment. As illustrated by Map 4 (next page), Memphis households receiving MHA assistance are located throughout the city, although the households receiving assistance tend to be clustered in areas with very high poverty rates and high percentages of African American residents. As illustrated by Map 5 (next page), Households relocated from Lamar Terrace, Dixie Homes, and Cleaborn Homes (original locations shown in Map 3, below) are much more highly concentrated in their former neighborhoods than MHA voucher holders overall. However, while many have stayed near their original public housing location, others have moved to neighborhoods across the city, following similar patterns of dispersion to the overall population of voucher-assisted households (For more detailed mapping, see Attachment A, which provides a map with an overlay of locations of relocatee households and all current voucher holder households, and Attachment B, which provides a map with an overlay of locations of HOPE VI relocatees and poverty rate by Census tract). As shown in Map 6, HOPE VI relocatees who hold a housing choice voucher live in much more dispersed locations than relocatees overall.

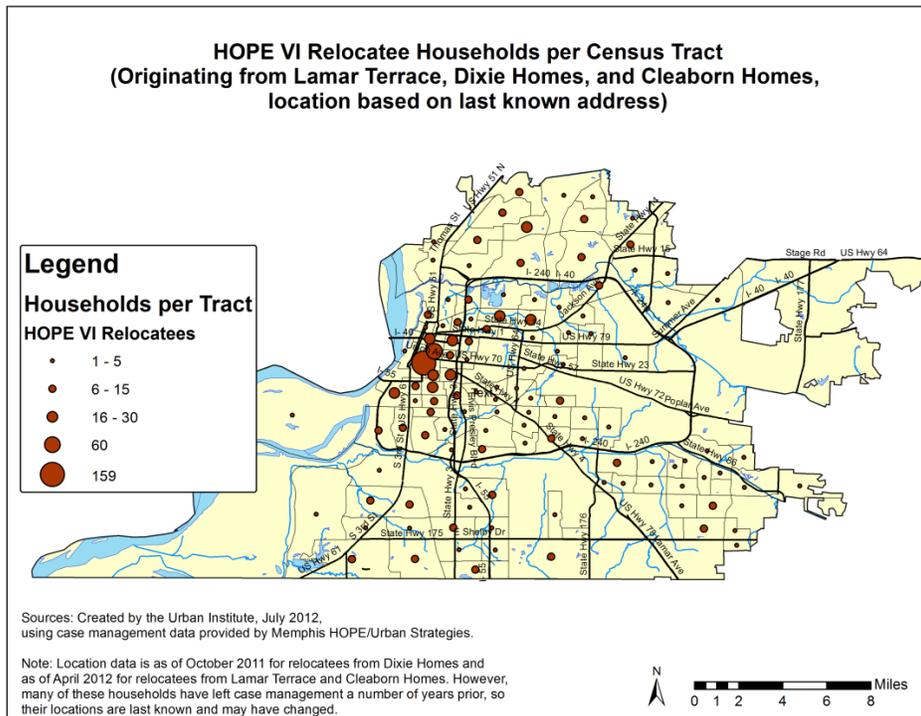
Map 3. Original Homes of HOPE VI Relocatees



Map 4.- Location of All HCV Holder Households in Memphis



Map 5. Location of HOPE VI Relocatee Households in Memphis



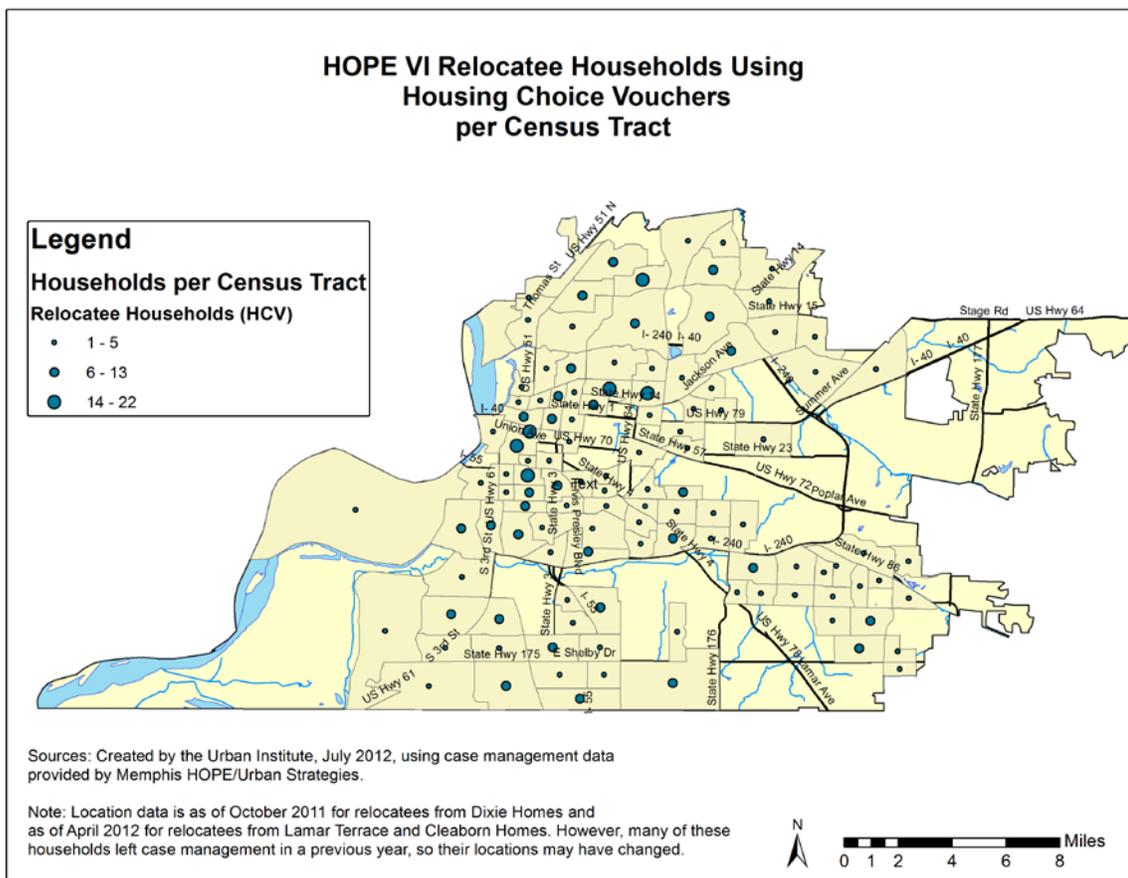
Relocatee Housing Assistance Type and Neighborhoods

Map 6 (below) shows that HOPE VI relocatee households with HCV are more dispersed than relocatee households overall. These relocatee households with HCVs follow a similar pattern to the overall population of MHA HCV-holding households (Map 4), with a bit more central concentration.

Relocates who receive MHA housing assistance but do not hold housing choice vouchers live in new HOPE VI mixed-income developments, Foote Homes (the only remaining traditional family public housing development in Memphis), or elderly and disabled public housing buildings near the former public housing developments, whereas HCV-holders can move to any area where they can find appropriate, affordable housing with a landlord who will accept a voucher. Map 5 (above) shows, the full population of HOPE VI relocatee households are concentrated in the communities around their original public housing development.

A large majority (68.9 percent) of HOPE VI relocatee households use HCVs. A small portion—just 9.3 percent—live in Foote homes, and a slightly larger portion live in elderly and disabled public housing developments (11.3 percent). Under four percent (3.8 percent) live in new HOPE VI mixed income developments, though this number may be higher in reality than the available data show, as these developments are new and the Lamar Terrace and Dixie Homes relocatee data were only updated as long as the relocatees remained in case management.

Map 6. Locations of HOPE VI Relocates with Housing Choice Vouchers



Location and Dispersion by Zip Code

We also examined the distribution of households by zip code to provide a sense of the larger distribution of HOPE VI relocatee households and MHA voucher-holders, in geographic areas more in line with Memphis neighborhoods, many of which cover a large number of census tracts. Memphis planners and researchers who use data refer to areas of the city by zip code, as data are available at this geography and Memphis zip codes approximate clusters of neighborhoods. Table 1 (below) illustrates the locations of HOPE VI relocatee households, all MHA HCV households, and HOPE VI relocatee households with an HCV by common relocatee zip codes.

Almost half (46.4 percent) of all relocated households from Lamar Terrace, Dixie Homes, and Cleaborn Homes (including all housing assistance types) now live within one of five zip codes, some of which cover relatively small geographic areas. Of these households, the largest share live in 38126, where Cleaborn Homes was located, and where Foote Homes remains as the only standing traditional public housing development in Memphis (as described above, approximately 80 relocatee households – more than 9 percent of all relocatee households – live in Foot Homes itself). More than 16 percent of relocatee households live in this area, which is small by Memphis standards (approximately 3 square miles in size).

The second largest group of relocatees live in 38105, which is where Dixie Homes stood, and where a number of MHA developments for elderly and disabled residents are located. More than 11 percent of relocatee households live in this small area of Memphis. However, relatively few non-relocatee HCV-holders live in this area (Only 1.5 percent and 1.7 percent of all voucher holders live in 38126 and 38105, respectively). The most common zip codes for all MHA HCV-holders (only a small share of whom are relocatees) to live are 38127 (11.4 percent of voucher-holding households), 38109 (11.1 percent), 38118 (9.5 percent), 38115 (9.1 percent), and 38128 (8.9 percent).

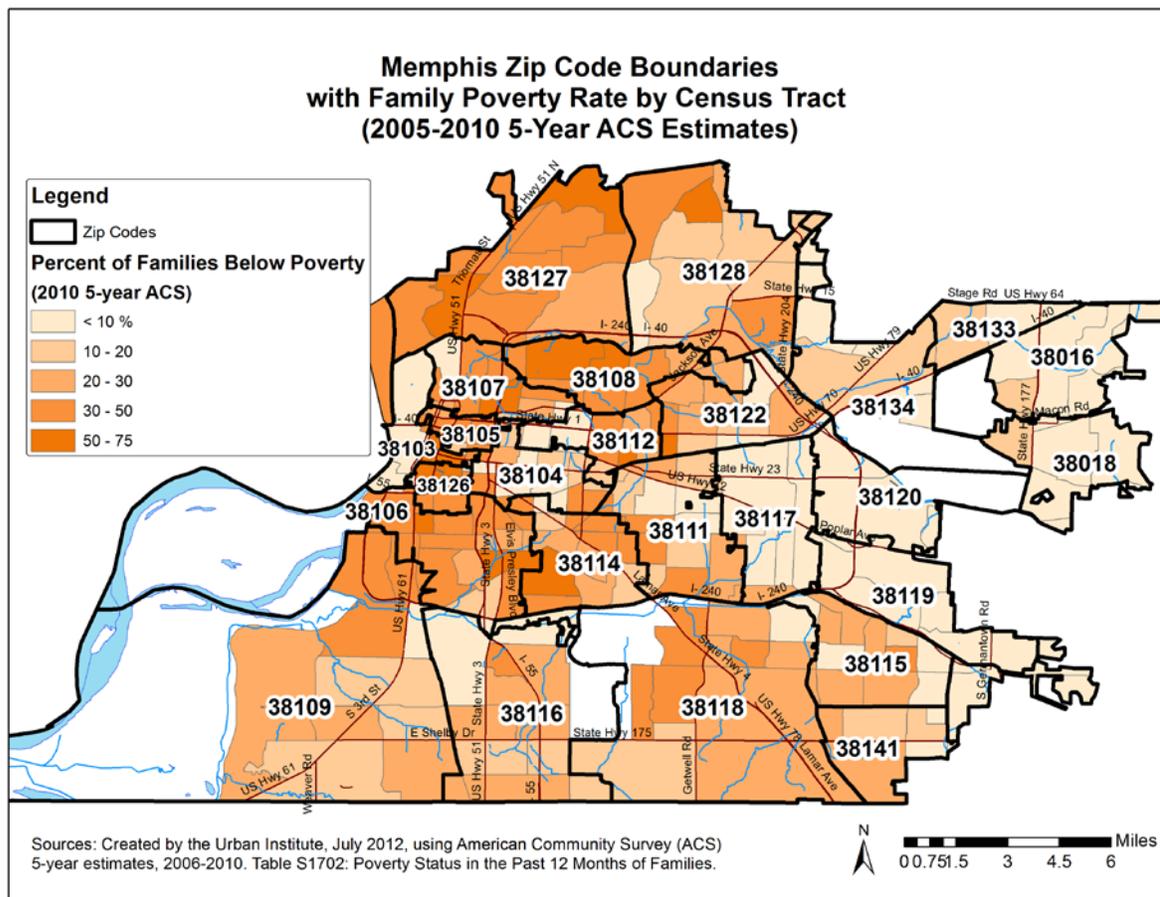
Table 1. Locations of HOPE VI Relocatee Households, All MHA HCV Households, and HOPE Relocatee Households with an HCV by Common Relocatee Zip Codes

| Households by Common Relocatee zip codes, HOPE VI relocatees and all MHA voucher holders | | | | | | |
|---|--|--|---|---|---|--|
| | All HOPE VI Relocatees (Households) | | MHA HCV Holders (Households) | | HOPE VI Relocatees with HCV (households) | |
| Zip code | Number of households | Percent (of Total Relocatee Households) | Number of households | Percent (of total MHA HCV- households) | Number of Households | Percent (of total HCV Relocatee Households) |
| 38126 | 189 | 16.4 | 76 | 1.5 | 35 | 6.2 |
| 38105 | 131 | 11.4 | 85 | 1.7 | 42 | 7.4 |
| 38127 | 75 | 6.5 | 583 | 11.4 | 64 | 11.3 |
| 38106 | 76 | 6.6 | 261 | 5.1 | 53 | 9.3 |
| 38109 | 64 | 5.6 | 570 | 11.1 | 60 | 10.6 |
| Remaining Zip Codes | 618 | 53.6 | 3546 | 69.2 | 313 | 55.2 |
| Total (All Zip Codes) | 1153 | 100.0 | 5121 | 100.0 | 567 | 100.0 |

Note: All totals and percentages exclude households for which no zip code is available.

Map 7 (below) shows the locations of major Memphis zip codes and the poverty rates in those areas.

Map 7. Major Memphis Zip Codes (with family poverty rate)



Demographics of HOPE VI Relocatees by Zip Code

In most ways, the demographics of HOPE VI relocatee households are similar to those for all Memphis voucher-holders. Both have low incomes, and tend to have female-headed households. However, as described above, these two populations tend to live in different neighborhoods (which affect access to public transportation and services) and they have different personal histories (i.e. some are former public housing residents).

The MHA HOPE VI relocatees are almost all African American and are all very low income. As Table 2 (below) shows, the majority of relocatee households are female-headed (86 percent), but an even higher share of all MHA voucher holder households are female-headed. If we just examine relocatees who hold vouchers (e.g., excluding those in public housing and elderly/disabled housing), they look similar to MHA vouchers holders who were not relocated.

Table 2. Household Demographics of Relocates with HCV, and Relocates, and All Voucher Holders

| Household Demographics of Relocates with HCV, All Relocates, and All Voucher Holders | | | | | |
|--|--------------------------|---------|--------------------|--------|----------------------------|
| | Female-Headed households | | Age of Householder | | Total Number of Households |
| | Number | Percent | Mean | Median | |
| All HOPE VI Relocates | 997 | 86.5 | 46.1 | 44 | 1153 |
| HOPE VI Relocates with an HCV | 520 | 91.7 | 42.9 | 41 | 567 |
| All MHA HCV Holders | 5184 | 92.2 | 41.7 | 39 | 5620 |

Note: This table only includes households for which composition data are available.

As displayed in Table 3 (below), HOPE VI relocatee households tend to be small, with an average household size of just two people. Average household size for all Memphis voucher holders (regardless of whether or not they are HOPE VI relocates) is more than 50 percent larger, with 3.1 members per households.

Table 3. Household Composition for HOPE VI Relocates and All MHA Voucher Holders

| | Zip Codes | Average Members per Household | Average number of children under 18 years old per Household | Total Number of households |
|--|--|-------------------------------|---|----------------------------|
| HOPE VI Relocates (regardless of assistance type) | 38126 | 1.9 | 0.7 | 189 |
| | 38105 | 1.3 | 0.2 | 131 |
| | 38127 | 2.6 | 1.4 | 75 |
| | 38106 | 2.5 | 1.0 | 76 |
| | 38109 | 2.4 | 1.2 | 64 |
| | Remaining Zip Codes | 2.0 | 0.8 | 618 |
| | All Zip Codes (All Relocates) | 2.0 | 0.8 | 1153 |
| | All MHA HCV Households | 3.1 | . | 5620 |
| | HOPE VI Relocatee Households with HCV | 2.3 | 1.1 | 567 |

Note: This table only includes households for which composition data are available.

Nearly ten percent (10.4 percent) of HOPE VI relocatees (including all household residents) are disabled. Twenty-four percent of heads of relocatee household are disabled (this rate inherently excludes children, who are less likely to be disabled). The household disability rate is similar for all MHA HCV households (24.1 percent).

Table 4. Disability among HOPE VI Relocatee Households and All MHA Voucher Holder Households

| | Zip Codes | Head of Household is Disabled | | Total Number of Households |
|---|-----------------------------------|-------------------------------|---------|----------------------------|
| | | Total Number | Percent | |
| HOPE VI Relocatees (regardless of assistance type) | 38126 | 50 | 26.5 | 189 |
| | 38105 | 52 | 39.7 | 131 |
| | 38127 | 13 | 17.3 | 75 |
| | 38106 | 12 | 15.8 | 76 |
| | 38109 | 17 | 26.6 | 64 |
| | Remaining Zip Codes | 136 | 22.0 | 618 |
| | All Zip Codes (All relocatees) | 280 | 24.3 | 1153 |
| | All Voucher Holder Households | 1354 | 24.1 | 5620 |

The average household monthly income for relocatees varies by geographic location, but is extremely low overall, and within each zip code (Table 5 shows this distribution). HOPE VI relocatee households have an average monthly income of \$467.49, and a median monthly income of \$304.

On the whole, a very high share of HOPE VI relocatee households receive TANF and SSI. A quarter (25.5 percent) of heads of HOPE VI relocatee households receive TANF and 27.7 percent receive SSI. TANF use among relocatee households is remarkably high (48 percent) in the zip code 38127, where household size and number of children per household are highest (see Table 3).

Table 5. Income and Benefits Use for HOPE VI Relocatee Households

| Income and Benefits Use for HOPE VI Relocatee Households | | | | | | |
|--|--------------------------|----------|-----------------------------------|---------|-----------------------------------|---------|
| | Household Monthly Income | | Heads of Household Receiving TANF | | Heads of households receiving SSI | |
| | Mean | Median | Number | Percent | Number | Percent |
| 38126 | \$371.09 | \$205.00 | 57 | 30.2 | 57 | 30.2 |
| 38105 | \$388.16 | \$400.00 | 5 | 3.8 | 46 | 35.1 |
| 38127 | \$404.14 | \$264.00 | 36 | 48.0 | 14 | 18.7 |
| 38106 | \$396.79 | \$226.00 | 27 | 35.5 | 20 | 26.3 |
| 38109 | \$465.52 | \$254.00 | 24 | 37.5 | 22 | 34.4 |
| Remaining Zip Codes | \$530.37 | \$414.50 | 145 | 23.5 | 160 | 25.9 |
| All Relocatees | \$467.49 | \$304.00 | 294 | 25.5 | 319 | 27.7 |

Assessment of Referrals to Memphis HOPE Relocatees by Zip Code and Type of Services

Memphis HOPE case management records provide a valuable opportunity to review service use and types of services to which relocatees have been referred. These records provide an idea of needed services that are available to relocatees.

As Table 6 (below) shows, the incidence and frequency of service referrals (for relocatees for whom Memphis HOPE referral data are available) varies by zip code. The majority of residents who have been referred for services have received more than one referral; there is some variation by zip code, with residents from 38105 and 38126, being the largest percent having been referred more than once and the smallest percentage never referred across zip codes. Overall, 40 percent of all relocatees have been referred to services more than once, nearly 28 percent only once, and 32 percent have never been referred.

Table 6. Frequency of Memphis HOPE Referrals Caseworker for All Service Types

| Zip Code | Frequency of Memphis HOPE Referral for <u>Any Services</u> (All members of HOPE VI relocatee households) | | | | | | Total Number of Residents (for which referral data are available) |
|------------------------------|---|----------------------|---------------------|----------------------|-------------------------|----------------------|---|
| | Never Referred | | Referred Once | | Referred More Than Once | | |
| | Number of Residents | Percent of Residents | Number of Residents | Percent of Residents | Number of Residents | Percent of Residents | |
| 38126 | 119 | 27.4 | 121 | 27.8 | 195 | 44.8 | 435 |
| 38105 | 49 | 27.5 | 48 | 27.0 | 81 | 45.5 | 178 |
| 38127 | 75 | 31.0 | 77 | 31.8 | 90 | 37.2 | 242 |
| 38106 | 76 | 34.4 | 64 | 29.0 | 81 | 36.7 | 221 |
| 38109 | 62 | 35.6 | 46 | 26.4 | 66 | 37.9 | 174 |
| Remaining Zip Codes | 531 | 33.6 | 423 | 26.8 | 627 | 39.7 | 1581 |
| Total (All Zip Codes) | 912 | 32.2 | 779 | 27.5 | 1140 | 40.3 | 2831 |

Note: This table only includes members of HOPE VI relocatee households for which referral data are available.

Our analysis of Memphis HOPE service referrals by zip code illustrates the diverse needs of relocatees. Table 7 (below) provides a tabulation of number of residents referred to each type of service at least once. Overall, the highest share of all relocatees (for whom data are available) were referred at once point or another to employment services, though this number is still relatively low (possibly reflecting more on service availability, appropriateness of services, and caseworker caseloads than on need, which the income data in table 5 suggests, is great). Approximately 16 percent of the relocatees for whom referral data are available were referred to employment services, 11 percent to child care, 9 percent to education, 8 percent to material resources (e.g. food and clothing supply), 5 percent to youth services, 3 percent to health, 1 percent to financial literacy, nearly 1 percent to transportation, nearly 1 percent to counseling, less than 1 percent to senior services, and 12 percent to other services (e.g. in-take, focus groups, and other ambiguous application services).

The largest number of HOPE VI residents were referred for employment, education, or child care services. However, it should be noted that referrals may be driven by which services are available at least as much as by which services relocatees most need, so relative numbers and percentages of relocatees referred across zip codes made provide more reliable information than raw numbers of referrals in each category. In general, relocatees in areas further from the former public housing developments are more frequently referred for education or child care services, and less frequently referred for employment services. This may be because a higher share of the residents are themselves children (and do not need employment services), because child rearing makes parents less likely to seek employment, or some combination of these factors. Zip code 38105, where relocatee

children tend not to live (see table 3), has the highest percent of residents referred to Employment Services and one of the lowest percentages across all zip codes referred to Education Services (though even fewer were referred for Educational Services in 38106, where children are not particularly common in households).

These referral differences highlight common differences between the populations living in these areas. In the less centrally located areas (e.g. 38127, Raleigh/Frayser), relocatees are most often Housing Choice Voucher holders, more likely to have children (see Table 3), and far fewer are elderly or disabled than in the neighborhoods of former public housing and current MHA developments.

Table 7. Number and Share of Relocates Who have Ever Been Referred to Services in Each Category

| Number and Share of Residents Ever Referred to Services in Each Category | | | | | | | | |
|--|----------------|-------|-------|-------|-------|-------|---------------------|-----------------------|
| SERVICE CATEGORY | | 38126 | 38105 | 38127 | 38106 | 38109 | Remaining Zip Codes | Total (All Zip Codes) |
| Employment | <i>Number</i> | 64 | 31 | 32 | 38 | 25 | 175 | 365 |
| | <i>Percent</i> | 17.6 | 22.1 | 15.5 | 20.8 | 18.5 | 14.2 | 16.1 |
| Education | <i>Number</i> | 21 | 8 | 25 | 5 | 12 | 139 | 210 |
| | <i>Percent</i> | 5.8 | 5.7 | 12.1 | 2.7 | 8.9 | 11.3 | 9.3 |
| Youth Services | <i>Number</i> | 19 | 4 | 5 | 3 | 7 | 73 | 111 |
| | <i>Percent</i> | 5.2 | 2.9 | 2.4 | 1.6 | 5.2 | 5.9 | 4.9 |
| Child Care | <i>Number</i> | 33 | 14 | 28 | 17 | 12 | 147 | 251 |
| | <i>Percent</i> | 9.1 | 10 | 13.5 | 9.3 | 8.9 | 11.9 | 11.1 |
| Transportation | <i>Number</i> | 3 | 1 | 3 | 1 | 1 | 8 | 17 |
| | <i>Percent</i> | 0.8 | 0.7 | 1.5 | 0.6 | 0.7 | 0.7 | 0.8 |
| Counseling | <i>Number</i> | 14 | 2 | . | 6 | 1 | 8 | 31 |
| | <i>Percent</i> | 3.9 | 1.4 | . | 3.3 | 0.7 | 0.7 | 1.4 |
| Financial Literacy | <i>Number</i> | 1 | 2 | . | . | . | 26 | 29 |
| | <i>Percent</i> | 0.3 | 1.4 | . | . | . | 2.1 | 1.3 |
| Health | <i>Number</i> | 8 | 23 | 4 | 6 | 4 | 32 | 77 |
| | <i>Percent</i> | 2.2 | 16.4 | 1.9 | 3.3 | 3 | 2.6 | 3.4 |
| Material Resources | <i>Number</i> | 34 | 6 | 8 | 6 | 12 | 125 | 191 |
| | <i>Percent</i> | 9.3 | 4.3 | 3.9 | 3.3 | 8.9 | 10.1 | 8.4 |
| Senior Services | <i>Number</i> | 2 | . | 1 | 1 | . | 2 | 6 |
| | <i>Percent</i> | 0.6 | . | 0.5 | 0.6 | . | 0.2 | 0.3 |
| Other | <i>Number</i> | 56 | 19 | 25 | 31 | 20 | 123 | 274 |
| | <i>Percent</i> | 15.4 | 13.6 | 12.1 | 16.9 | 14.8 | 10 | 12.1 |
| Total number of residents for whom referral data is available) | | 364 | 140 | 207 | 183 | 135 | 1236 | 2265 |

CURRENT EFFORTS AT SERVICE DELIVERY AND COORDINATION

Through our interviews, we learned that there are a number of new, city-wide initiatives underway in Memphis, all intended to serve high needs populations and spur neighborhood-level development. Memphis has had severe poverty and employment problems for decades, but only recently have there been concerted efforts to address these challenges. Stakeholders we interviewed repeatedly talked about the recent change in mayoral leadership, for both the city and the county, as a key factor spurring this increased activity. The City and County mayors work closely together, and in many ways share a vision of what needs to happen in the community, particularly regarding poverty, education, and crime.

It is important to note that both new and continuing initiatives are operating at differing levels (e.g. city government, county government, nonprofit providers, public-private partnerships) and that some major services are provided by the city or county government only (rather than both). For example, our conversations with stakeholders indicated that all funding and authority for public health services (including clinics and mental health outreach) is provided by the state and administered via the county. Having different levels of government and private agencies involved in service delivery creates a number of challenges, including: (1) making it less likely that service providers will inform users of complementary services; (2) making it more difficult for service providers to provide services in a way that complements other available services; and (3) making it more difficult for service providers to share broadly relevant lessons learned and resources between agencies.

Current Broad Initiatives Relevant to Health and Human Services for Low-Income Households

There are many organizations and initiatives in Memphis currently (or recently) serving high-needs populations and distressed neighborhoods. Several of these initiatives have ambitious, sweeping goals, and most are new, starting within the past year. The large number of initiatives brings both opportunity and challenges: if the different actors coordinate, they could make a powerful collective impact, but if they do not, there is a high risk that there will be substantial duplication of efforts and even conflict.

A. Strong Cities, Strong Communities. In 2011, Memphis was selected as one of six cities to participate in the Obama Administration's Strong Cities, Strong Communities (SC2) initiative. The goal of the SC2 initiative is to foster economic growth and stability by streamlining federal government processes, leveraging federal resources, and building local capacity by fostering collaboration, improving communication, strengthening networks among local stakeholders and improving local infrastructure. The issues of

housing for the poor and improving health and economic status for poor families are a key component of this initiative.

- B. Bloomberg/Social Innovation Fund** is a three-year initiative designed to help mayors effectively resolve city challenges. Memphis is one of five cities to be selected for this initiative, which began in July 2011. The initiative defines three priority areas: innovative solutions, implementation plans, and progress towards defined targets. Within these priority areas, Memphis will focus on implementing new job-growth strategies. This priority area is aligned with Memphis Mayor Wharton’s goals to increase small business growth in target neighborhoods and reduce handgun violence. The Bloomberg/Social Innovation Fund in Memphis is in the beginning processes of creating and leveraging programs to revitalize vacant property throughout the core of Memphis and reduce handgun violence. The \$4.8 million over the three-years will directly fund the innovation delivery team assigned to creating plans, setting goals, and monitoring progress.
- C. National Youth Violence Forum** is a part of the Obama Administration’s National Forum on Youth Violence Prevention. In April 2010, Memphis became one of six cities participating in the creation and implementation of a comprehensive community-based plan to address youth and gang violence. Representatives from public and private local agencies have formed the Memphis Youth Violence Prevention Policy Council to assess effective practices in juvenile violence prevention, intervention, re-entry, and enforcement. The Forum is co-led by the U.S. Departments of Justice and Education and leverages resources from other federal agencies such as Housing and Urban Development, Health and Human Services, and Centers for Disease Control. The federal agencies are charged with attempting to better coordinate funding streams at a local level.
- D. Teen Pregnancy Prevention**
- The Memphis Adolescent Parent Program** is a Memphis City Schools (MCS) collaborative initiative for pregnant and parenting students aimed at providing comprehensive services for students working toward educational and self-sufficiency goals. The program receives resources from a combination of local and federal agencies, including MCS Mental Health Center, Memphis-Shelby Health Department, and the U.S. Department of Health and Human Services.
- Le Bonheur Community Health and Well Being “Be Proud! Be Responsible! Memphis!” Program** is a teen pregnancy prevention program collaborative effort between school centers, schools, and churches in Memphis funded by a \$4 million grant from the Office of Adolescent Health in the U.S. Department of Health and Human Services over four years. The goals of the program are to increase knowledge and reduce risky sexual behaviors.

The **Tennessee Department of Health** is the recipient of a U.S. Department of Health and Human Services **Abstinence Grant** for \$1,141,533. It is unclear at this time which local organizations and initiatives are receiving funding from the Abstinence Grant.

- E. **Choice Neighborhoods** is the successor to HUD's HOPE VI program, and provides grants intended to revitalize both distressed public housing and the surrounding neighborhood. MHA received a Choice Neighborhoods Planning Grant in FY2010 for its last family public housing development (Foote Homes) and the Vance Avenue neighborhood (which is also the neighborhood where the most recent HOPE VI grant was based). This \$250,000 grant is being used to determine the best way to help rebuild and revitalize the neighborhood. This process includes forming partnerships within local nonprofits and other local government entities, such as the police department.

Models Specifically Addressing Health and Human Services for Households Receiving Housing Assistance

The following section describes several key initiatives currently underway that are directly relevant to clients receiving housing assistance who receive or qualify for health and human services assistance.

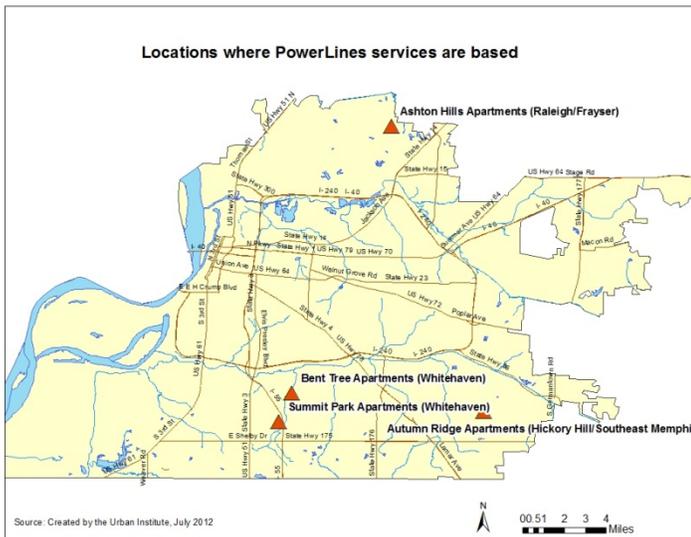
- A. One model of coordinated case management for households receiving housing assistance is that provided by **Memphis HOPE**, a non-profit organization created in 2006 to provide supportive services to MHA HOPE VI relocatees. By the time MHA received its third and fourth HOPE VI grants (Lamar Terrace and Dixie Homes), there were local stakeholders, including the housing authority, who saw the need for a more structured, intensive and comprehensive case management system to help move households toward economic self-sufficiency. The most important stakeholder to become involved in the HOPE VI redevelopment efforts was the Women's Foundation for a Greater Memphis, who made a financial commitment to support the case management component, called Community and Supportive Services (CSS). They made a commitment to raise \$7,200,000, to fund the entire cost of CSS for both HOPE VI developments. In addition to the financial resources, the Women's Foundation also brought a tremendous amount of leverage locally, bringing other stakeholders to the table to figure out how to offer more coordinated case management services. Through the strength of their Board of Directors and their relationships throughout the city, they have built a more comprehensive and coordinated social services program for HOPE VI residents.

During this time, MHA identified Urban Strategies as a key partner in providing technical assistance to the CSS program for the Lamar Terrace and Dixie Homes HOPE VI residents. Urban Strategies is the service arm of McCormack Baron Salazar, a HOPE VI

developer based in St. Louis. In early summer 2006, Urban Strategies, MHA, and the Women’s Foundation agreed to create a new non-profit organization, called Memphis HOPE, which would be responsible for case management for HOPE VI residents. The agency now serves not only all the relocatees from these two HOPE VI grants and the fifth HOPE VI grant awarded to Memphis (Cleborn Homes), but also the residents in the one remaining public housing development (Foote Homes) who receive case management as part of a HUD grant (Resident Opportunities and Self-Sufficiency).

Using private funding and operating as a separate non-profit organization, Memphis HOPE has been more flexible in the programming they develop and more responsive to clients’ needs over time. As the staff members of Memphis HOPE (the organization providing case management) have learned more about the individuals in their caseload, they have developed more strategic approaches to cultivate partnerships with programs that are more focused on the key barriers the clients were facing. They have continued to develop relationships with area public and nonprofit agencies to address specific issues among their clients.

- B. A place-based model that has recently been implemented is managed by the **Powerlines Community Network**. This initiative operates under the auspices of Agape Child & Family Services, a Christian non-profit organization which provides and coordinates services to families in distressed neighborhoods and apartment complexes in Memphis. This initiative began in 2009, and now serves three neighborhoods, including:



- Whitehaven, focusing in and around Summit Park Apartments and Bent Tree Apartments.
- Hickory Hill/Southeast Memphis, focusing in and around the Autumn Ridge Apartments.
- Frayser/Raleigh (beginning December 2011), focusing in and around the Ashton Hills Apartments.

The Powerlines Community Network engages a wide range of partners, including area non-profits, churches, schools, branches of local government, and businesses. The services that the network provides to residents run the gamut, includes education, tutoring, resume and job search help, mental health services, public safety watch, and

religious services. The Powerlines neighborhood coordinators have offices in the target apartment buildings, from which they provide services such as computer labs and workshops to help residents apply for benefits (e.g. SNAP). Agape itself provides direct services to families with housing need, including housing and services, provided on the condition that the head of household is able to contribute sixty dollars per month and is absent from home (in some sort of productive activity) for certain core hours of the day. During these core hours, an Agape employee is permitted to enter the home and ensure that the head of household is not present. This place-based effort is focusing on particular apartment communities (to date those funded by Low-Income Housing Tax Credits), and anticipates broadening their work into surrounding neighborhoods over time.

- C. **Community LIFT** is a new organization that grew out of multiple conversations occurring in city agencies and local non-profits. These conversations led to a sweeping strategic planning report, *Greater Memphis Neighborhoods: A Blueprint for Revitalization*², which was produced by a partnership of local foundations, city agencies and local development associations to lead re-development on the neighborhood level.

Community LIFT launched in autumn 2011, with an Executive Director Eric Robertson who had been part of the strategic planning process. He hired a second staff member at the beginning of 2012, and is in the process of hiring staff to work in specific communities. The agency's goal is to work in the city's most distressed neighborhoods to foster community development around a single neighborhood plan. The organization has a strong emphasis on coordinating and engaging neighborhood-level stakeholders and it has plans to create a Community Development Financial Institution (CDFI) that will lend money for development projects. Community LIFT has raised some funds from local foundations and businesses and is seeking additional support. Community LIFT is currently working in three neighborhoods: Greater Binghampton, Frayser, and Upper South Memphis and plans to set up a steering committee in each target community, consisting of neighborhood leaders and business leaders.

This Community LIFT place-based model arose from the realization that city-wide solutions to community economic development needed to be taken back down to the neighborhood level. However, part of the strategic planning process had been to identify community organizations with substantial capacity, as well as recognizing the need for an organization like Community LIFT to connect those neighborhood needs and assets to resources and planning efforts at the city level.

Challenges of Coordination

In almost every meeting during the January 2012 site visit, respondents acknowledged that there are many different initiatives in process at the moment and that coordinating them to enhance one another, rather than confuse potential service users or duplicate efforts, is a

² <http://www.greatermemphisneighborhoods.com/>

challenge. The individuals running the initiatives and local government officials working in the related areas of service interest are broadly aware of one another, but tend to communicate primarily on a case-by-case or project-by-project basis. While, in practice, individuals know who to call on related initiatives where questions arise, it does not mean these same individuals have been able to think strategically about these partnerships. For example, the county government, Memphis HOPE, and SEEDCO, a national nonprofit organization that advances economic opportunity for people, businesses and communities in need, may all have the same clients but do not have any clear mechanism available to learn about each other's services, goals, and strategies for serving these clients, or any specific way of knowing when one of these related providers' goals, funding, priorities or policies change.

Despite sharing goals and clients to serve, respondents concluded that federal and local agencies and organizations experience difficulties crossing silos to coordinate efforts, and share relevant organization information about current work. Two themes discussed repeatedly during the site visit were the possibilities for coordinating data systems and convening ongoing meetings to communicate during the planning and early implementation stages. Much of the coordination that currently occurs is based on individual relationships and for specific one-time needs, and most of the stakeholders volunteered that a better model for coordination services would be beneficial.

HHS FUNDING STREAMS TO MEMPHIS

Respondents throughout our January 2012 site visit had very little knowledge of the funding streams of other organizations and initiatives charged with similar goals. Beyond funding, it was also unclear to respondents what many other organizations and initiatives actually did at the local level. Respondents concluded that a basic understanding of where and how funding streams were purposed at the local level would be a beneficial start to addressing silo problems.

In an effort to summarize these federal funding streams that support services in Memphis, the research team reviewed available data from Tracking Accountability in Government Grants System (TAGGS) and www.usaspending.gov (USA Spending).

The majority of funding reported in Tracking Accountability in Government Grants System appears to be concentrated in the Administration for Children and Families (ACF) (\$32,996,412) and the Health Resources and Services Administration (HRSA) (\$15,733,710) (Table 8).

Table 8. HHS Funding Streams by Agency and Amount (TAGGS)

| Funding streams by agency and amount. | | |
|--|--|----------------------------|
| Source | Organization Type | Amount |
| TAGGS | Health Resources and Services Administration (HRSA) | \$15,733,710 |
| | Administration for Children and Families (ACF) | \$32,996,412 |
| | National Institutes for Health (NIH) | \$2,709,054 |
| | Center for Disease Control and Prevention (CDC) | \$1,465,080 |
| | The Substance Abuse and Mental Health Services Administration (SAMHSA) | \$100,000 |
| | Office of Public Health and Science (DHHS/OS) | \$568,283 |
| | | Total: \$53,572,539 |

Using USA Spending and parsing funding streams by agency, it appears the majority of funding is concentrated in the National Institutes of Health (NIH) (\$2,385,375) out of a total \$3,225,092. NIH funding accounts for approximately 73% of USA Spending-recorded funding sources (Table 9).

Table 9. Funding Streams by Agency and Amount (usaspending.gov)

| Funding streams by agency and amount. | | |
|--|--|---------------------------|
| Source | Agency | Amount |
| USA Spending | National Institutes for Health (NIH) | \$2,385,375 |
| | Food and Drug Administration (FDA) | \$27,448 |
| | Indian Health Service (IHS) | \$9,236 |
| | Administration for Children and Families (ACF) | \$797,809 |
| | Office of Assistant Secretary for Health (ASH) | \$5,224 |
| | | Total: \$3,225,092 |

Attachment D includes more detailed funding information.

POSSIBLE DIRECTIONS FOR TECHNICAL ASSISTANCE

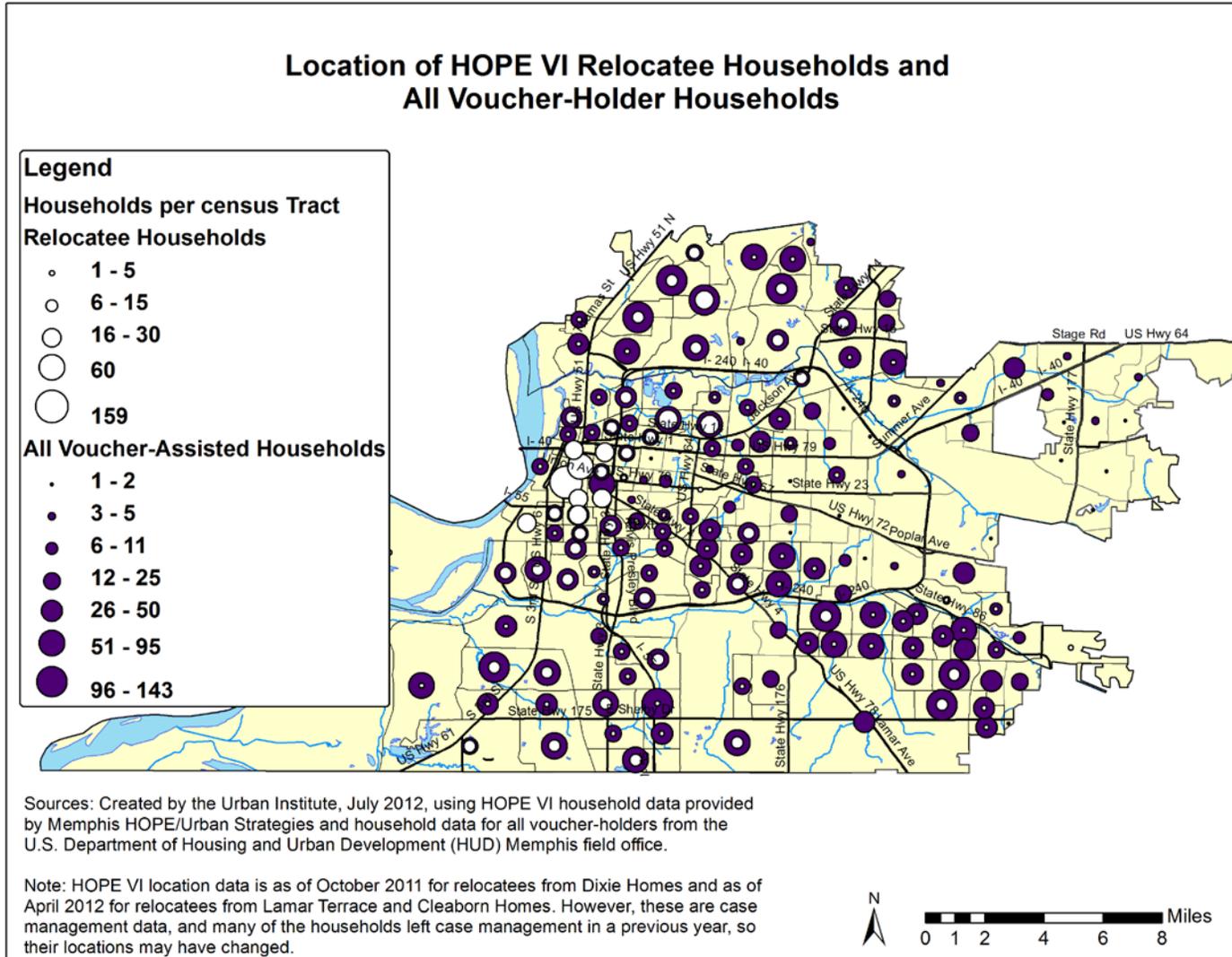
It is clear that there are many different initiatives in Memphis that have some focus on ameliorating the deleterious effects of poverty, in various ways that address housing, health, and human services. During the January site visit, the project team and a number of different stakeholders discussed the fact that there are so many initiatives in Memphis, from a variety of funding sources (public, private, philanthropic) and which provide services from different, unconnected sources (e.g. services provided by various branches of city government, county/state government, and local non-profit or partnered service providers).

Based on conversations with stakeholders, particularly during the February site visit, we recommend a technical assistance strategy that includes two components.

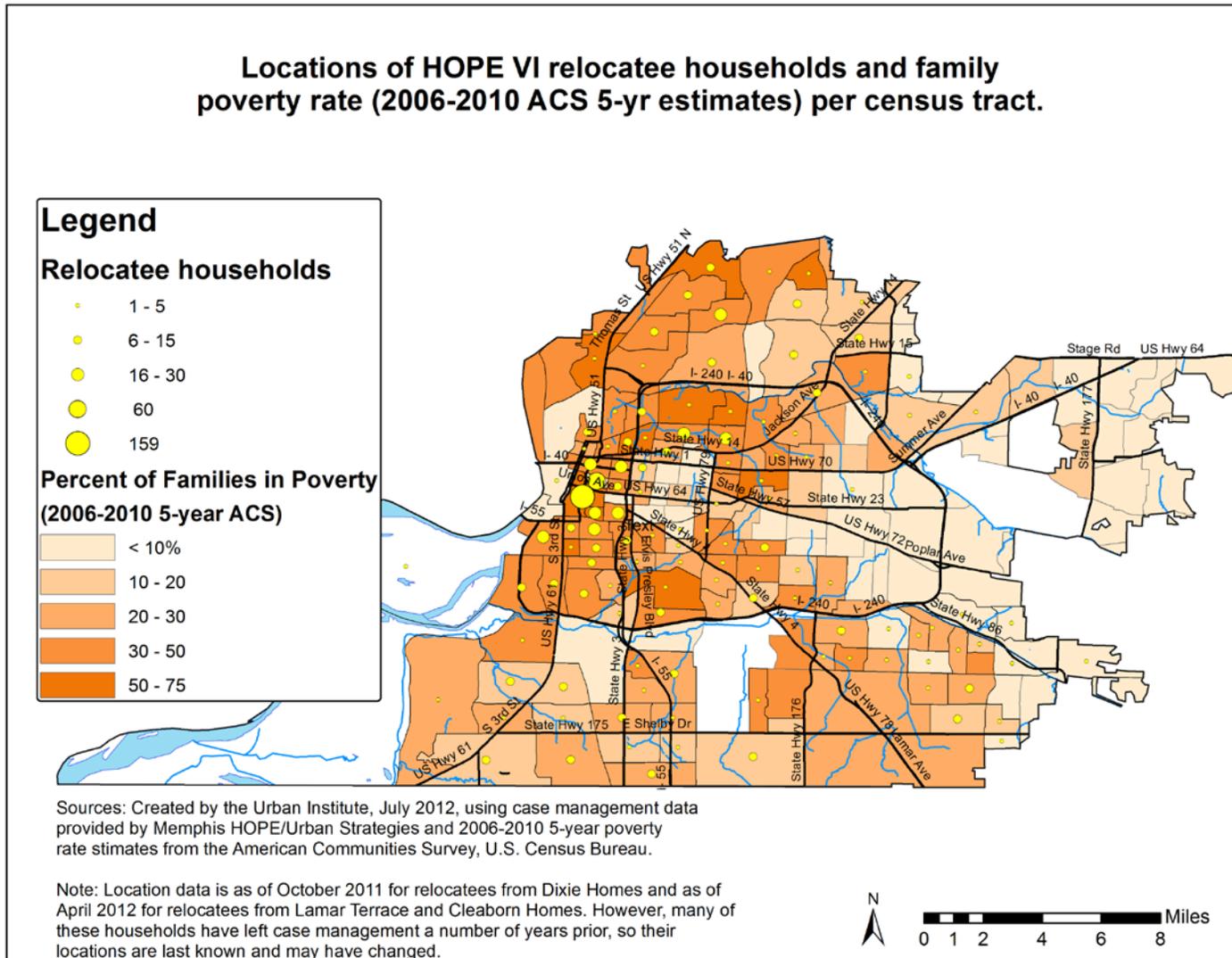
- 1) Best Practices.** It was noted that there are not only a great *number* of different initiatives and strategies at work in Memphis currently, but also a fairly large variety. If stakeholders agree, the Urban Institute team may be able to provide technical assistance by producing a concise review of evidence pointing to the most effective strategies for supporting high-needs communities and facilitating robust economic development. This work could help local government agencies and funders decide where to focus their efforts and how best to coordinate. This work would primarily consist of a review of public administration, social science, and economic literature. Again, this work would generate a report that we could circulate to the various stakeholders involved in service provision.
- 2) Relocatee Focus Groups.** Focus groups with HOPE VI relocatees in neighborhoods around the city in order to better understand their service needs, awareness of existing services, and views about existing service providers. These focus groups will also provide perspective on the interests and concerns of high-needs assisted housing populations living outside of the city center. The research team will present this information to service provider stakeholders and assist them in using these data together with geographic data sources in order to better target their efforts to help HOPE VI relocatees in Memphis.

While the data used in producing this memo provide a partial picture of service use and needs, these focus groups would be essential in gaining a richer understanding of the most important needs of newly dispersed former public housing residents, how geography affects their service access, and how their needs relate to the available services and current initiatives in Memphis. We currently intend to conduct three focus groups, each in a different area of the city.

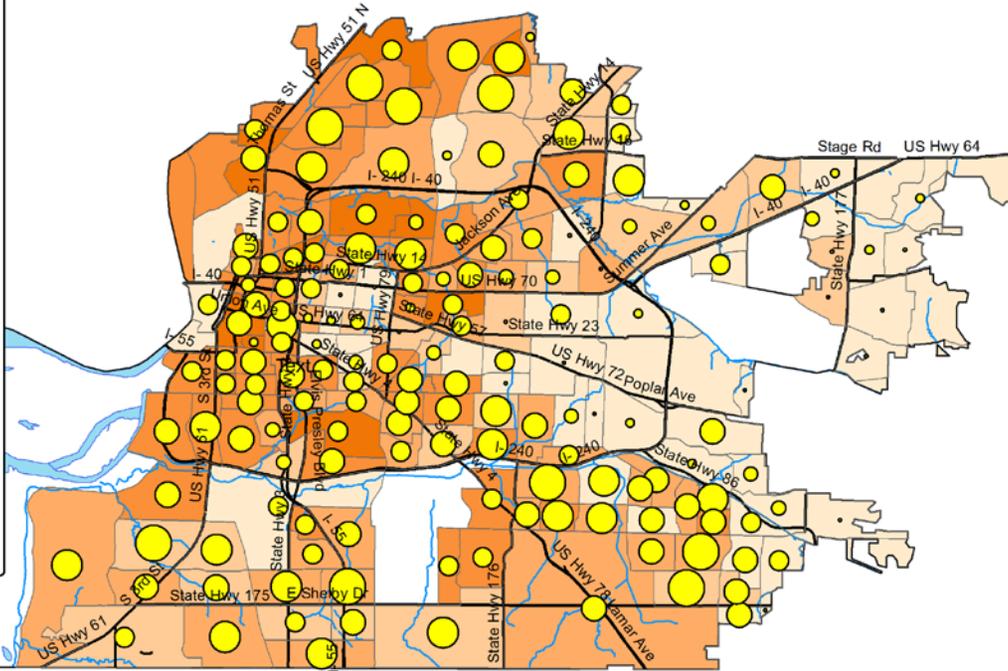
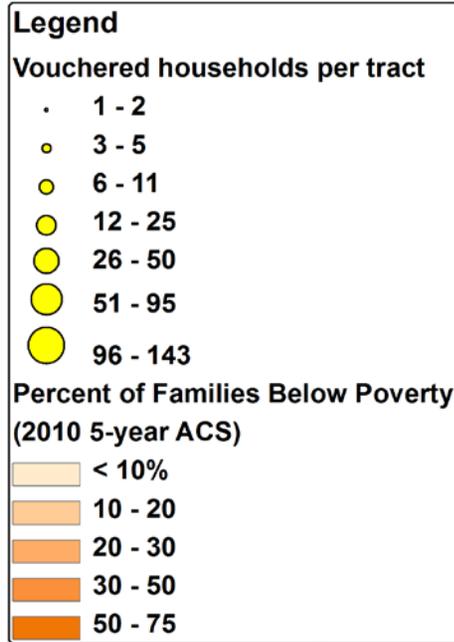
ATTACHMENT A: Map of Relocatee Households and All Voucher-Holder Households



ATTACHMENT B: Maps of Relocatee Households and All Voucher Holder Households with Poverty Rate

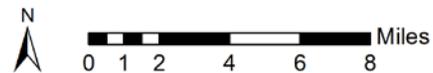


**Locations of all MHA voucher-assisted households
per Census tract (March 2011-Feb 2012)
and family poverty rate (2006-2010 ACS 5-yr estimates).**



Sources: Created by the Urban Institute, July 2012, using PIC/PIH
Memphis household location and demographic data provided
by the U.S. Department of Housing and Urban Development Field Office,
Memphis, and poverty rate estimates from the 2006-2010
American Community Survey, U.S. Census Bureau.

Note: these location data include all households for which a new or
annual recertifying HUD Form 50058 was created March 2011-February 2012.



ATTACHMENT C: List of Stakeholders Consulted

| Name |
|---|
| Maura Sullivan, City CAO |
| Doug Scarboro, City SC2 |
| Robert Lipscomb, MHA Director |
| Mairi Albertson, Memphis Housing Planning and Development |
| Dottie Jones, Memphis Community Services |
| Vickie Jerideau, Memphis HOPE |
| Sarah Ray, SC2 |
| John Gemmill, HUD Field Office |
| Stan Hyland, UofM |
| Cynthia Sadler, UofM |
| Phyllis Betts, UofM |
| Eric Robertson, Community LIFT |
| Eva Mosby, Shelby Co. Human Services |
| Ruby Bright, Women's Foundation |

ATTACHMENT D: Funding Streams in Memphis

| Source: Tracking Accountability In Government Grants System (TAGGS) | | | | | |
|--|---|---|---|---|---------------------|
| Fiscal Year | Recipient Name | Organization Type | Award Title | HHS Agency | Award Amount |
| 2011 | Baptist Memorial College of Health Sciences | Non-Profit Private Non-Government Organizations | Scholarships for Disadvantaged Students | Health Resources and Services Administration (HRSA) | \$21,371 |
| 2011 | Children's Bureau Inc. Porter-Leath Children Center | Non-Profit Private Non-Government Organizations | Basic Center Program | Administration for Children and Families (ACF) | \$133,517 |
| 2011 | Children's Bureau Inc. Porter-Leath Children Center | Non-Profit Private Non-Government Organizations | Early Head Start | ACF | \$1,104,243 |
| 2011 | Christ Community Health Services Inc. | Non-Profit Private Non-Government Organizations | Health Center Cluster | HRSA | \$2,876,866 |
| 2011 | Christian Brothers University | Non-Profit Private Non-Government Organizations | Mid-South Coalition for Minority Health International Research Training | National Institutes of Health (NIH) | \$242,208 |
| 2011 | Grace Medical Inc. | Private Profit (Small Business) Organization | Molded Hydrogel Tympanic Membrane Repair Constructs | NIH | \$157,910 |
| 2011 | Le Bonheur Community Outreach | Non-Profit Private Non-Government Organizations | Supporting Evidence Based Home Visitation Program To Prevent Child Maltreatment | ACF | \$1,995,412 |
| 2011 | Memphis and Shelby County Department of Health | County Government | Project Motivated Offenders Succeeding Tomorrow | ACF | \$797,809 |

| | | | | | |
|------|--|--|---|---|-------------|
| 2011 | Memphis and Shelby County Department of Health | County Government | Healthy Start Initiative: Eliminating Disparities in Perinatal Health | HRSA | \$692,691 |
| 2011 | Memphis City Board of Education | City Government | Memphis City Schools: YRBS, HIV Prevention and Asthma Case Management | Center for Disease Control and Prevention (CDC) | \$266,387 |
| 2011 | Memphis City Board of Education | City Government | Affordable Care Act (ACA) Grants for School Based Health Centers Capital Program | HRSA | \$499,167 |
| 2011 | Memphis Health Center | Non-Profit Public Non-Government Organizations | Health Center Cluster | HRSA | \$3,192,451 |
| 2011 | Memphis State University | State Government | ADVANCED EDUCATION NURSING GRANTS | HRSA | \$262,500 |
| 2011 | Memphis State University | State Government | ADVANCED EDUCATION NURSING TRAINEESHIP | HRSA | \$34,776 |
| 2011 | Memphis State University | State Government | FAMILY-ENHANCED COGNITIVE BEHAVIORAL THERAPY FOR COMORBID PTSD AND ALCOHOL ABUSE. | NIH | \$154,376 |
| 2011 | Memphis State University | State Government | VOCAL EXPLORATION AND INTERACTION IN THE EMERGENCE OF SPEECH | NIH | \$584,315 |
| 2011 | Memphis State University | State Government | EFFECTIVENESS OF BASIC AND PREMIUM HEARING AID FEATURES FOR | NIH | \$292,294 |

| | | | OLDER ADULTS | | |
|------|---|---|---|--|-----------|
| 2011 | Memphis State University | State Government | ASSESSMENT OF PSYCHOSTIMULANT ADDICTION RISK FOLLOWING DEVELOPMENTAL PCB EXPOSURE | NIH | \$249,000 |
| 2011 | Memphis State University | State Government | CELLULAR DETERMINANTS OF AH RECEPTOR SIGNALING | NIH | 310,866 |
| 2011 | Memphis State University | State Government | CEREBELLAR MODULATION OF FRONTAL CORTICAL FUNCTION | NIH | \$309,686 |
| 2011 | Memphis State University | State Government | MEMPHIS STEPS (SUICIDE, TRAINING, EDUCATION, AND PREVENTION SERVICES) | The Substance Abuse and Mental Health Services Administration (SAMHSA) | \$100,000 |
| 2011 | Molecular Design International Inc. | Private Profit (Small Business) Organization | NOVEL TOPICAL THERAPY FOR DIABETIC RETINOPATHY USING BETA-ADRENERGIC RECEPTOR AGO | NIH | \$108,399 |
| 2011 | Nursing Institute of the Mid-South, Inc | Non-Profit Public Non-Government Organizations | Nurse Education Practice and Retention | HRSA | \$322,165 |
| 2011 | Qsource | Non-Profit Private Non-Government Organizations | TENNESSEE HEALTH INFORMATION TECHNOLOGY REGIONAL EXTENSION CENTER | Office of Public Health and Science (DHHS/OS) | \$568,283 |

| | | | | | |
|------|--|--|---|--|--------------|
| 2011 | Regional Medical Center at Memphis | Non-Profit Public Non-Government Organizations | Early Intervention Services | HRSA | \$951,605 |
| 2011 | Shelby County Government | County Government | | ACF | \$23,856,294 |
| 2011 | St. Jude Children's Research Hospital | Non-Profit Private Non-Governmental Organization | | CDC/HRSA | \$1,198,693 |
| 2011 | Shelby County Division of Community Services | County Government | Ryan White Heart HIV Emergency Relief Program | HRSA | \$6,880,118 |
| 2011 | Translational Sciences | Private Profit (Small Business) Organization | Reducing Stroke by a Novel Clot Reducing Antibody | NIH | \$300,000 |
| 2011 | University of Tennessee Center for the Health Sciences | State Government | | ACF/FDA/NIH/CDC./AHRQ (Agency For Health Care Research and Quality)/HRSA | \$5,009,137 |
| 2011 | Youth Villages Inc | Non-Profit Private Non-Government Organizations | Basic Center Program | ACF | \$100,000 |

| Source: USA Government Spending (usaspending.gov) | | | | |
|--|-------------------------------------|-------------------------|--|---------------------|
| Fiscal Year | Recipient Name | Type of Spending | HHS Agency | Award Amount |
| 2011 | FedEx Corporation | Contract | Indian Health Service (HIS) | \$9,096 |
| 2011 | NEXAIR LLC | Contract | Food and Drug Administration (FDA) | \$21,498 |
| 2011 | Service Master Holding Corporations | Contract | HIS | \$140 |
| 2011 | University of Memphis | Grant | National Institutes of Health (NIH) | 876,609 |
| 2011 | University of Memphis | Contract | NIH | \$30,000 |
| 2011 | Chesney MD Russel W | Contract | NIH | \$25,000 |
| 2011 | Genome Explorations | Contract | NIH | \$425,949 |
| 2011 | Grace Medical | Grant | NIH | \$157,910 |
| 2011 | MedNet Locator | Contract | NIH | \$7,125 |
| 2011 | MGT Computer Controls | Contract | CDC | \$6,000 |
| 2011 | Molecular Design | Grant | NIH | \$108,399 |
| 2011 | Process and Power Inc | Contract | FDA | \$5,950 |
| 2011 | Shelby County | Grant | Administration for Children and Families (ACF) | \$797,809 |
| 2011 | Smith and Nephew PLC | Contract | Office of the Assistant Secretary for Health (ASH) | \$5,224 |

| Source: Find Youth Info | | |
|--|---|-----------------------|
| Recipient | Program Title | Funding Agency |
| CHRIST COMMUNITY HEALTH SERVICES, INC. | Community-Based Abstinence Education (CBAE) | ACF |
| Le Bonheur Community Outreach | Child Abuse and Neglect Discretionary Activities | ACF |
| Shelby County Division of Corrections | Healthy Marriage Promotion and Responsible Fatherhood Grants | ACF |
| CHILDRENS BUREAU INC PORTER-LEATH CHILDREN C | Basic Center Grant | ACF |
| Shelby County Division of Corrections | Healthy Marriage Promotion and Responsible Fatherhood Grants | ACF |
| Le Bonheur Community Outreach | Coordinated Services and Access to Research for Women, Infants, Children, and Youth | HRSA |
| Le Bonheur Community Outreach | Maternal and Child Health Federal Consolidated Programs | HRSA |
| ST JUDE CHILDREN`S RESEARCH HOSPITAL | Sickle Cell Treatment Demonstration Program | HRSA |
| MEMPHIS & SHELBY COUNTY DEPARTMENT OF HEALTH | Healthy Start Initiative | HRSA |
| MEMPHIS HEALTH CENTER | Consolidated Health Centers | HRSA |
| MIDTOWN MENTAL HEALTH CENTER | Substance Abuse and Mental Health Services – Projects of Regional and National Significance | SAMHSA |
| MEMPHIS CITY BOARD OF EDUCATION | Cooperative Agreements to Support Comprehensive School Health Programs to Prevent the Spread of HIV and Other Important Health Problems | CDC |